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## BIB DATA SHEET

CONFIRMATION NO. 2290

<b>SERIAL NUMBER</b> 09/186,810	<b>FILING or 371(c) DATE</b> 11/05/1998	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> S16.12-0052	
<b>APPLICANTS</b> WENDA C. CARLYLE, VADNAIS HEIGHTS, MN; SHEILA J. KELLY, VADNAIS HEIGHTS, MN; MATTHEW F. OGLE, SAINT PAUL, MN; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/014,087 01/27/1998 ABN <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/25/1998					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/PAUL B PREBILIC/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> WESTMAN CHAMPLIN & KELLY, P.A. SUITE 1400 900 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55402 UNITED STATES					
<b>TITLE</b> MEDICAL DEVICES WITH ASSOCIATED GROWTH FACTORS					
<b>FILING FEE RECEIVED</b> 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		